

FORT LA BOSSE SCHOOL DIVISION

TITLE - **MEDICAL ASSISTANCE POLICY***

POLICY - **JLCD-E3**

Approval Date - 14/01/13

Cross Reference -

Resolution # - TBA

Implementation - 14/01/13

Legal Reference -

Last Reviewed - 14/01/13

MEDICATION ADMINISTRATION RECORD and MONTHLY MONITORING

Name: _____

Birth Date: _____

Allergies: _____

MONTH: _____

Medication, Dose and Route							Monthly Number Supplied	Weekly Count	Comments
<u>Week #1 (example)</u> Diazepam 2mg, two tabs (4mg) daily per g-tube at 1130	Date								
	Initial								
	Initial								
<u>Week #2</u>	Date								
	Initial								
	Initial								
<u>Week #3</u>	Date								
	Initial								
	Initial								
<u>Week #4</u>	Date								
	Initial								
	Initial								
<u>Week #5</u>	Date								
	Initial							Transfer to next month record	
	Initial								

Other Medication as Necessary

Medication, Dose, Frequency, Route										
	Date									
	Time									
	Initial									
	Date									
	Time									
	Initial									
Full Signature		Initial	Full Signature						Initial	

